Many healthcare support workers (HCSWs) want to progress in their careers or become more knowledgeable in their current role. However, although they make up 40% of the NHS workforce in the UK and deliver around 60% of patient care, only 5% of the NHS education and training budget is allocated to HCSWs (Unison, 2016).

In 2016, the Talent for Care team at Health Education England (HEE) in North West London recognised that HCSWs who had completed the Care Certificate needed further professional development. To help them continue their learning, a training scheme – the Higher Development Award (HDA) – was developed. This article discusses how the HDA was created and what we have learned from training the first cohort.

Co-development

North West London encompasses eight boroughs, a population of over 2 million and 10 hospital trusts. There are over 15,000 healthcare support staff working in these trusts, and an even larger number employed in general practice and social care.

The HDA was co-developed with HCSWs so that it would incorporate whatever support they felt was missing in their professional lives. More than 80 HCSWs were consulted during three North West London Support Worker Voice events. We found that, although many wanted to train as nurses, many more wanted to stay in their roles but improve their confidence. A statement from one HCSW resonates with the overarching purpose of the HDA. When asked what she wanted from the programme, she replied: “being the best I can be and acknowledging my potential.”

Designing and delivering the HDA was made possible by a partnership with HEE – which supports the programme’s ethos and funded the pilot – and close collaboration with education leads from all 10 trusts.
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Fig 1. The four modules of the Higher Development Award

Taking the lead  Extended communication

Service improvement project  Numeracy skills

Content
The HDA aims to:
- Build on the expansive knowledge HCSWs already have;
- Give them further tools to increase their own self-awareness;
- Equip them to improve patient outcomes.

The training focuses on coaching, communication, numeracy and leadership. It is about preparing staff to be the best they can be, acknowledging their potential, and giving them the confidence to improve the care they provide and progress in their careers.

The training programme lasts nine months and consists of a service improvement project in addition to four modules, as follows:
- Coaching in the workplace;
- Extended communication;
- Numeracy skills;
- Taking the lead.

Each module contributes to building the skills, confidence and self-efficacy of participants, who then use these to carry out a service improvement project (Fig 1). The training takes one full day per month plus two hours’ study each week to complete associated module assignments. Training is held at a host trust in the sector and a specialist ILM trainer teaches the programme. It is open to all clinical and non-clinical support staff in North West London. Plans to extend the offer are being considered.

Coaching in the workplace
Support workers are increasingly responsible for the induction of new staff to clinical areas – not only other HCSWs but also nurses, physiotherapists and junior doctors. This is because they tend to be the ones who have the overall knowledge of the work environment where things are, how the team works together, what the patient journey is. This first module gives participants the skills and confidence to impart this knowledge to others.

We used reflective accounts and group work to give participants a deeper understanding of the coach-trainer relationship. We taught them:
- Coaching techniques (including methods to build rapport with new starters);
- How to address difficulties in the coaching process.

The HCSWs who have gone through the training are now more confident in their ability to pass their knowledge on to others. One HCSW has taken on the responsibility for the whole induction process in her department.

Extended communication
Day to day, support workers spend more time with patients than nurses do (Unison, 2016). It is therefore crucial that they are equipped, not only to coach other staff, but also to communicate with patients. This second module focuses on developing HCSWs’ existing communication skills to the level of leaders’ skills.

We used methods such as role play to look at:
- The verbal and non-verbal communication skills involved in active listening;
- Dealing with difficult situations;
- Leading a team.

We taught participants how to adapt their style of communication to patients’ preferences and levels of understanding, how to be assertive and how to take a step back and reflect on difficult situations.

The module has improved participants’ confidence with patients and allowed them to work towards making every contact count. It has helped them improve care.

One HCSW noticed that service users were sometimes confused by the number of different people – including bank and agency staff – delivering care. He introduced name badges for all staff and found that this greatly improved communication.

Numeracy skills
While literacy is assessed every day through staff’s ability to communicate verbally, write reports and fulfil administration tasks, numeracy issues are often

Fig 2. Progress in numeracy in the first cohort

<table>
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<th>Participant</th>
<th>Initial score</th>
<th>Improved score</th>
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Level 2
Level 1
Entry level
Initial score
Improved score

Clinical Practice

Innovation
hidden. When developing the HDA, we became aware that there was a gap in the lifelong skills of HCSWs. As part of the HDA project, we found that the numeracy of our workforce in North West London who responded to the project reflected that of the UK population – that is, only 22% of working-age adults had the numeracy skills expected of a 16-year-old leaving school (Department for Business, Innovation and Skills, 2012).

We also found that many HCSWs were put off apprenticeships or training to be a nurse because of the numeracy skills required. Many experienced maths anxiety, which can trigger feelings such as fear or anger when working with numbers (Johnston-Wilder and Lee, 2010). This often originates during schooling, as children may be separated into groups according their abilities in maths, with those who have difficulties being implicitly told there are fixed limits to their abilities (Dweck, 2007).

Learning and development teams were initially wary of ‘opening up that can of worms’, as there was no strategic pathway for learning (Somerville, 2017). We worked with National Numeracy (www.national-numeracy.org.uk) on a numeracy module that incorporates an attitudinal approach to learning so participants work on their skills with National Numeracy (www.nnchallenge.org.uk) to work towards the ‘essentials of numeracy’, as outlined by National Numeracy (2017). We asked participants to improve by just five raw score points so that they would not be daunted and the target felt achievable from the outset. However, over the six-month course, participants far exceeded this, many of them improving by a whole level (Fig 2).

The module has proven an effective way of getting participants to adopt the right mindset and improve their numeracy. They feel more confident in this area and therefore able to help others. As numeracy is no longer a barrier, they also feel able to embark on further learning. When feeding back, two participants stated: “At first I was shaking like a leaf but now I know not to be scared about maths.”

“I would like to go onto a nursing associate [role] and before I wouldn’t be considered because of my numeracy.”

Taking the lead
Support workers are increasingly put in leadership positions and given more responsibility due to their experience in the workplace. This module tackles how to:
- Identify learning needs among other staff;
- Create development plans;
- Engage different types of people with learning.

We spent time with participants to help them understand that everyone has a leadership role to play and how they can develop as leaders. They learned to understand barriers and the expectations of patients, colleagues and stakeholders, and how to encourage others by setting clear standards and giving constructive feedback.

Service improvement projects
Participants used their improved skills to conduct a service improvement project in their workplace. They came up with innovative and well-researched ideas. One participant reduced waiting times in a fracture clinic, another participant created a patient log to identify when patients had last had their splint changed.

All participants successfully implemented their service improvements and were able to make small but significant changes to practice. In doing so, each demonstrated the skills and confidence needed to be the best they can be in their roles.

“Many healthcare support workers were put off apprenticeships or training to be a nurse because of the numeracy skills required”

Moving forward
A first cohort of nine HCSWs went through the HDA programme between November 2016 and June 2017. They have given us a better understanding of HCSWs’ training needs and how they can be met. Box 1 highlights the main learning points.

The HCSWs who have gone through the training now have the confidence to improve the care they provide, pass on their skills to others, and go into further training if they so wish. With this initial evidence, we have secured funding from HEE to train a further five cohorts, so an estimated 125 HCSWs from health, social and primary care settings will be trained. This will enable us to refine the HDA and further explore the benefits of investing in the professional development of HCSWs.

References